

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

0627674

8

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP			
1	1		1		1		51									
2		1		1		1	52									
3							53									
4				1		1	54									
5				2		1	55									
6				2		1	56									
7				2			57									
8				2		1	58									
9				2		1	59									
10				1		1	60									
11				1			61									
12				1		1	62									
13				1			63									
14		1		1			64									
15		2		2		2	65									
16		2		2		2	66									
17		1		1		1	67									
18		1		1			68									
19		1		1		1	69									
20		1		1		1	70									
21	1		1		1		71									
22		1		1		0	72									
23		1		1		0	73									
24		2		2		0	74									
25		2		2		1	75									
26		2		2		1	76									
27		1		1		1	77									
28	1		1			1	78									
29		1		1		0	79									
30		2		2		1	80									
31		2		2			81									
32		2		2		1	82									
33		2		2			83									
34		2		2		1	84									
35		0		1		1	85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3		3		8		TOTAL IND.									
TOTAL DEP.	42		47		27		TOTAL DEP.									
TOTAL CLAIMS	45		50		35		TOTAL CLAIMS									